

HAIR LOSS HISTORY QUESTIONNAIRE

NAME _____ Date _____ Age _____

When did you first notice the hair loss? _____

Please answer yes or no to each question. If the question does not pertain to you, write N/A (meaning not applicable.)

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | Is the hair coming out by the roots? |
| _____ | _____ | Is the hair breaking off? |
| _____ | _____ | Do you notice excess loss in your comb or in the shower? |
| _____ | _____ | Is your hair becoming thinner? |
| _____ | _____ | How many hairs, on the average, do you lose a day? _____ |
| _____ | _____ | Do you have any totally bald spots? |
| _____ | _____ | Is the loss slowing down? |
| _____ | _____ | Is the loss getting worse? |
| _____ | _____ | Do you color or bleach your hair? |
| _____ | _____ | Do you straighten your hair? |
| _____ | _____ | Do you have a permanent? |
| _____ | _____ | Do you shampoo daily? Name of shampoo _____ |
| _____ | _____ | Do you use a blow dryer? |
| _____ | _____ | Do you hot comb your hair? |
| _____ | _____ | Is your scalp itchy or flaky? |
| _____ | _____ | Do you wear a wig or hairpiece? |
| _____ | _____ | Is your father's hair thinning or bald? |
| _____ | _____ | Is your mother's hair thinning or bald? |
| _____ | _____ | Do any of your siblings have thinning hair or baldness? |

In the past six months have any of the following events happened to you?

- | | | |
|-------|-------|---|
| _____ | _____ | Had a fever of >104°? |
| _____ | _____ | Been hospitalized? |
| _____ | _____ | Had major surgery? _____ |
| _____ | _____ | Had a general anesthetic? |
| _____ | _____ | Been on a crash diet? |
| _____ | _____ | Lost more than two pounds per week? |
| _____ | _____ | Are you a vegetarian? |
| _____ | _____ | If yes, what is your protein source? _____ |
| _____ | _____ | Have you had a major stress during this time? |
| _____ | _____ | If yes, what is it? _____ |

Females:

- | | | |
|-------|-------|---------------------------------------|
| _____ | _____ | Are your menstrual periods regular? |
| _____ | _____ | Have you noticed increased body hair? |
| _____ | _____ | Had a pregnancy? |

____ Started or stopped oral contraceptives?
____ Started or stopped hormone supplements (eg., Premarin)?
____ Gone through menopause?

In regards to your general health (Male or Female):

____ Do you have a thyroid disorder?
____ Do you take thyroid medication?
____ Have you gained weight?
____ Have you lost weight?
____ Has your voice changed?
____ Are you anemic?
____ Are your menstrual periods heavy?
____ Do you have a stomach or duodenal ulcer?
____ Do you have heart disease?
____ Do you have high blood pressure?
____ Do you take vitamins?

Do you take any of the following medications on a regular basis?

____ Allopurinol (Zyloprim)
____ Phenytoin (Dilantin)
____ Aspirin
____ Carbamazepine (Tegretol)
____ Coumarin
____ Heparin
____ Isotrentoin (Accutane)
____ Lithium
____ Birth control pills
____ Vitamin A
____ Multivitamins
____ Colchicine
____ Anticancer drugs
____ Amphetamines
____ Beta blockers (Inderol, Inderide, Lopressor)
____ Azulfadine
____ Gentamycin
____ Iodides
____ Levodopa
____ Penicillamine
____ Triparanol
____ Gold shots
____ Propylthiouracil - PTU
____ Methimazole (Tapazole)
____ Atromid - S
____ Choloxin

Do you take any other unlisted medications? _____

Do you have any other medical problems: _____

Please add any comments that you wish to make: